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000466 7590 02/26/2004

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/787,888	06/08/2001	Anders Pettersson	103364702US	9971

TITLE OF INVENTION: PHARMACEUTICAL COMPOSITION FOR THE TREATMENT OF ACUTE DISORDERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	05/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
YOUNG, MICAH PAUL	1615	424-489000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p>	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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(A) NAME OF ASSIGNEE

DIABACT AB

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Uppsala, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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(Authorized Signature) Benoit Castel (Date)
Benoit CASTEL, #35,041 May 26, 2004

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